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Approved for use through 11/30/2005. OMB 0651-0035
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT and CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/668,658
Filing Date	09/23/2003
First Named Inventor	Bart Chernow, et al.
Art Unit	3736
Examiner Name	Michael C. Astorino
Attorney Docket Number	05123.00065

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registrations numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number **22908**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: This request is made because the client has taken responsibility for all further prosecution and no longer desires assistance from all attorneys associated with Customer Number 22908.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

<input checked="" type="checkbox"/> Firm or Individual Name	GMP Companies, Inc.				
	Rick Comoglio				
Address	One East Broward Boulevard				
Address	Suite 1701				
City	Fort Lauderdale	State	Florida	ZIP	33301
Country	USA				
Telephone	1-954-745-3510	Fax	1-954-745-3511		
Name	J. Pieter van Es				
Signature	<i>J. Pieter van Es</i>				
Date	December 29, 2004	Registration No.	37,746		
		Telephone No.	1-312-463-5000		

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**CERTIFICATE OF MAILING
(PATENT APPLICATION)**

Express Mail No. EV 378038727 US

Deposited December 29, 2004

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR 1.10 on the date indicated above and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

By:  _____

Application of: Bart Chernow, et al.

Serial No.: 10/668,658

Filing Date: September 23, 2003

Title: MONITORING SYSTEM CONTAINING A HOSPITAL BED WITH INTEGRATED DISPLAY

Transmitted herewith are the following documents:

- Transmittal form (1 Page in duplicate)
- Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 Page)
- Return Receipt Postcard

Attorney Case No.: 05123.00065



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/668,658	
	Filing Date	09/23/2003	
	First Named Inventor	Bart Chernow, et al.	
	Art Unit	3736	
	Examiner Name	Michael C. Astorino	
Total Number of Pages in This Submission		Attorney Docket Number	05123.00065

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 Page), Certificate of Express Mail and Return Receipt Postcard
Remarks EV 378038727 US		The Commissioner is hereby authorized to charge any additional fees or credit any overpayment of fees to Deposit Account No. 19-0733.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	J. Pieter van Es (Reg. No. 37,746) Banner & Witcoff, Ltd.
Signature	
Date	December 29, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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